PTO/SB/01 (12-97)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a valid OMB control number. Attorney Docket Number BAL52US **DECLARATION FOR UTILITY OR** KIA SILVERBROOK First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date ☑ Declaration ☐ Declaration OR Submitted after Initial Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
An Image Sensing and Printing Device										
is attached hereto	is attached hereto									
	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	ny Attached?					
PP7979					NO .					
PO7991	Australia	07/12/1997								
FO7991	Australia Australia	07/12/1997 07/15/1997			NO _					
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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)					
		CT internationa													
As a named inv	entor, I h	ereby appoint th	e followi	ng regi	stered p	ractitioner(s) to p	rosecute	this	applicatio	n and to	transac			
and trademark	. Unice co	onnected therew	n: 🗀	OR			Place Customer Number Bar Code Label bere					Code			
	Nam	е				tration nber		Name					Registration Number		
Additional i	registered	practitioner(s)	named o	n suppl	ementa	l Registered	Prac	titioner I	nform	nation she	et PTO/	SB/02C	attached here	to.	
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: ☐ Customer Number or Bar Code Label 24011 OR ☐ Correspondence address below															
Name	Kia S	Silverbrook													
Address	Silve	rbrook Res	earch	Pty L	.td										
Address	393	Darling Street													
City	Balm	nain					s	tate	NS	NSW ZIP 204			<u>1</u>		
Country	Austi	tralia Telephone 61-2-					2-9818-6633 Fax 61-2-9818-6711					11			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of Sole or First Inventor:															
Given Name (first and middle [if any])					Family Name or Surname										
KIA . O						SILVERBROOK									
Inventor's Signature		unc					Date Sept 4.								
Residence: (City	Balmain State NSW		NSW	(Country		Australia			Citizenship	Australian			
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